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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | Docket Number (Optional) | | |
|--|--|--|--|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | MSDI-196/PC934.00 | | |
| Application Number 10/634,206 Filed August 5, 2003 | | | |
| For SURGICAL KIT AND METHOD FOR PROVIDING STERILIZED EQUIP | MENT FOR USE IN SPINAL SURGE | RY | |
| Art Unit 3738 | Examiner Brian E. Pellegrino |) | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period application. | od for fiting a reply in the above iden | tilied | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| <u>Fee</u> | Small Entity Fee | | |
| ✓ One month (37 CFR 1.17(a)(1)) \$120 | \$60 \$ <u>12</u> | 0.00 | |
| Two months (37 CFR 1.17(a)(2)) \$450 | \$225 | | |
| Three months (37 CFR 1.17(a)(3)) \$1020 | \$510 \$ | | |
| Four months (37 CFR 1.17(a)(4)) \$1590 | \$795 \$ | | |
| Five months (37 CFR 1.17(a)(5)) \$2160 | \$1080 \$ | | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| X Payment by credit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to | | | |
| Deposit Account Number 12-2424 I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. | | | |
| Provide credit card information and authorization on PTO-2038. | | | |
| I am the applicant/inventor. | | | |
| | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | |
| x attorney or agent of record. Registration Number 45,431 | | | |
| attorney or agent under 37 CFR 1.34. Registration gumber if acting under 37 CFR 1.34 | | | |
| Jud I Shur | February 19, 2008 | | |
| Signature | Date | | |
| Brad A. Schepers | (317) 636-4341 | | |
| Typed or printed name | Telephone Number | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of forms are submitted. | | | |
| This collection of information is required by 37 CFR 1.135(a). The information is required to obtain or USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 a complete including gathering, preparing, and submitting the completed application for into the USP1 comments on the smount of time you require to complete the form and/or suggestions for reducing to U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2 | and 1.14. This collection is estimated to take 6 PO. Time will vary depending upon the individual this burden, should be sent to the Chief Inform. | minutes to ust case. Arry ation Officer, | |

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FAX COVER PAGE

| E: February 19, 2008 |
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TO: Examiner Brian E. Pellegrino

FAX NUMBER: 571-273-8300

COMPANY: United States Patent & Trademark Office

PHONE NUMBER:

FROM: Brad A. Schepers, Reg. No. 45,431

FAX NUMBER: (317) 636-1507

DIRECT DIAL: (317) 238-6334

RE: Request for One Month Extension for U.S. Application No. 10/634,206 to Powers et al.

COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

> February 19, 2008 (Date of Transmission)

Brad A. Schepers

Name of Registered Representative

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re patent application of: |) Before the Examiner |
|--|-------------------------------|
| Powers et al. |) Brian E. Pellegrino |
| Serial No. 10/634,206 |) Group Art Unit 3738 |
| Filed August 5, 2003 |) Ref. No. MSDI-196/ PC934.00 |
| SURGICAL KIT AND METHOD FOR PROVIDING STERILIZED EQUIPMENT FOR USE IN SPINAL SURGERY |) February 19, 2008) |

Via Facsimile Transmission: 571-273-8300

REQUEST FOR ONE (1) MONTH EXTENSION OF TIME

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

A final Office Action was mailed to the Applicant on October 9, 2007. The two-month early response period expired on December 9, 2007, which fell on a Sunday, thereby extending the early response period to December 10, 2007 (the first business day after December 9, 2007). The Applicant timely filed a response to the final Office Action on December 10, 2007 within the two-month early response period. An Advisory Action was mailed to the Applicant on January 18, 2008. A divisional application claiming priority to the subject application was filed with the U.S. Patent and Trademark Office on February 19, 2008. Since February 18, 2008 fell on federal holiday, the filing of the divisional application on February 19, 2008 requires, at most, a one (1) month extension of time. Accordingly, remitted herewith is a fee in the amount of \$120 for a one (1) month extension of time. Please charge any additional fees which may be necessary to Deposit Account No. 12-2424, but not to include any payment of issue fees.

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on: February 19, 2008 Date of Transmission Brad A. Schepers Name of Registered Representative Signature February 19, 2008 Date of Signature

Respectfully submitted

Brad A. Schepers Reg. No. 45,431 Krieg DeVault LLP

One Indiana Square, Suite 2800 Indianapolis, Indiana 46204-2079

(317) 238-6334 voice

2003

FEB 1 9 2008

Date February 19, 2008

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004 Complete if Known pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/634,206 Application Number FEE TRANSM Filing Date August 5, 2003 For FY 2005 First Named Inventor Russell Powers Examiner Name Brian E. Pellegrino Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3738 TOTAL AMOUNT OF PAYMENT MSDI-196/PC934.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check .✓ Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 12-2424 Deposit Account Name: Krieg DeVault Lundy For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fees Paid (\$) <u>Fee (\$)</u> Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 130 50 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 Provisional 200 100 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Total Claims** Fee Paid (\$) Multiple Dependent Claims Extra Claims Fee (\$) - 20 or HP = 0.00 Fee (\$) Fee Paid (\$) HP = highest number of total daims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee Paid (\$) (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): One (1) Month Extension 120.00 SUBMITTED BY Telephone 317-636-4341 Signature

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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